

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	7596	7/6/90
O.I.P.E. CLASSIFIER	MTN	50	7/10/90
FORMALITY REVIEW	H-52	525	8-17-90
RESPONSE FORMALITY REVIEW	78	71480	3-9-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/90
2	✓	✓	7/1/90
3	✓	✓	7/1/90
4	✓	✓	7/1/90
5	✓	✓	7/1/90
6	✓	✓	7/1/90
7	✓	✓	7/1/90
8	✓	✓	7/1/90
9	✓	✓	7/1/90
10	✓	✓	7/1/90
11	✓	✓	7/1/90
12	✓	✓	7/1/90
13	✓	✓	7/1/90
14	✓	✓	7/1/90
15	✓	✓	7/1/90
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18	✓	✓	7/1/90
19	✓	✓	7/1/90
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If more than 150 claims or 10 actions  
 staple additional sheet here

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